

Document				<b>REQUEST FOR CHECK</b>		<b>Arizona State University</b>		
<b>PV</b>	AP Only	Agency	No. (AP Only)	Taxpayer ID (Vendor Code) (Or Soc. Sec. No.)	Suffix	Date Prepared	Total Payment	

The vendor code (taxpayer I.D.), suffix, and address are available from the Advantage VNAS (alpha sort) and VEN2 (numeric sort) tables. **The suffix is critical because it controls the address used for mail distribution.**

Payee Name			<input type="checkbox"/> Mail Direct <input type="checkbox"/> Mail with Back up <input type="checkbox"/> Call for Pick up (name and phone)		
Address					
			Tax Code <input type="checkbox"/> UT <input type="checkbox"/> T0		Check Category
City	State	Zip	Date Entered		Initials

**Account Distribution**

Line	Account		Sub Org	Object	Sub Obj	Revenue	Sub Rev	Function	Fund	Balance Sheet Account
	Agency	Org								
								Vendor Invoice Number		Amount
01										
02										
03										
04										
05										

**Explanation/Justification**

Direct Inquires To:	Department	Mail Code	Phone

Authorized funds are available and the service provided was for bona fide business purposes of the agency/orgs charged. In accordance with University and ARS 38-501 to 510 (Conflict of Interest), I also certify that neither I nor any relative of mine will benefit from this payment. (See <a href="#">COM 203</a> for additional responsibilities of Agency Mangers and authorized signers.)	Accountant	Date	Other	Date
	For the Comptroller			Date
	Authorized Signer	Date	For the Vice President	